

## ECS Configuration Change Request

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|  |  |                    |  |   |                 |                  |  |
|--|--|--------------------|--|---|-----------------|------------------|--|
| CCR No. 96-0224  |  | Logged Date 3/8/96 |  | Rev. -  |                 | Request Type CCR |  |
| Priority Routine <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input type="checkbox"/>  |  | Affected Release B |  |   | Change Class II |                  |  |
| Title (description)<br>Interoperability Subsystem Design Specification   |  |                    |  |   |                 |                  |  |
| Documents Affected<br><br>(305-CD-022-002)   |  |                    |  | Source Nos (RID, NCR, etc.) or Tech Reference |                 |                  |  |
| RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>  |  |                    |  |   |                 |                  |  |
| Problem<br>Submission of Interoperability Subsystem Design Specification (305-CD-022-002) for CDR.   |  |                    |  |   |                 |                  |  |
| Proposed Solution  |  |                    |  |   |                 |                  |  |
| Impact Analysis:<br>Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/><br>QA <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. B <input checked="" type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input type="checkbox"/> SMO <input type="checkbox"/> Subconts <input type="checkbox"/><br>Other _____<br>Cost: None <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/><br>(Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000)<br>Schedule: None <input type="checkbox"/> Other _____<br>Additional LOC _____ Man-Months _____<br>Materials _____ |  |                    |  |   |                 |                  |  |
| Originator <u>Lynne Case</u> _____<br>Signature _____ Date _____   |  |                    |  |   |                 |                  |  |
| Office <u>Release B</u> Office Manager _____<br>Signature _____ Date _____   |  |                    |  |   |                 |                  |  |
| Disposition Approved <input type="checkbox"/> Approved w/Comment <input checked="" type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/>   |  |                    |  |   |                 |                  |  |
| Comments:<br>Have SLOC estimates to Release B CCB on 3/18/96   |  |                    |  |   |                 |                  |  |
| CCB Chairperson _____<br>Signature _____ Date _____  |  |                    |  |   |                 |                  |  |

